

CLAIMS ONLY CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT INO. DEP. DEP. DEP. INO. MO. DEP. DER DEA 0 2 10 3 10 4 10 s 1 10 73 · 6-TOTAL NO. -<u>t</u> TOTAL _1 _1 TOTAL DEP. YOYAL CLAIMS TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS U.S.DEPARTMENT OF COMMERCE Patient and Tradjemark Office FORM PTO-2022 (1-96)

FILING DATE